

STATE COVERAGE OF PREVENTIVE SERVICES FOR WOMEN UNDER MEDICAID: FINDINGS FROM A STATE-LEVEL SURVEY

Medicaid is a critical source of health coverage and long-term care for millions of low-income women. Federal Medicaid rules require that the program cover many, but not all, important preventive screening services, but states also have considerable latitude in establishing which preventive services are covered for adults and whether or not to charge enrollees copayments for these services. As such, there is sizable variability by state in Medicaid coverage of preventive services for adults. As of 2014, these state policy choices will affect millions more women who will be newly eligible for Medicaid after the implementation of the Affordable Care Act (ACA).

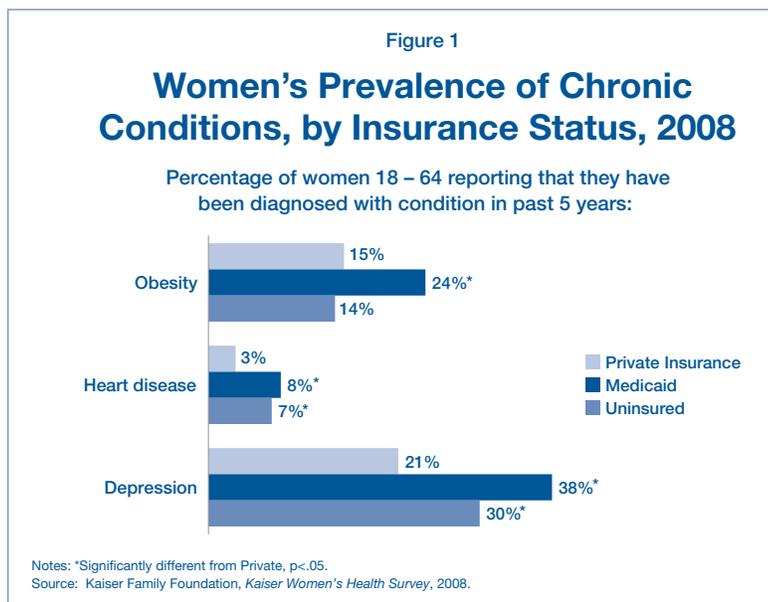
The ACA will also provide an enhanced federal matching payment to state Medicaid programs that cover certain recommended preventive services without cost-sharing starting in 2013. The Kaiser Commission on Medicaid and the Uninsured (KCMU) and Health Management Associates (HMA) surveyed Medicaid officials in all 50 states and the District of Columbia in 2010 to collect baseline data on state coverage of preventive services prior to ACA implementation.¹ This brief reviews Medicaid's role in covering preventive care for women, presents findings of importance to women from the survey, and discusses the implications for women on Medicaid following the implementation of health reform.

BACKGROUND

Research has shown that evidence-based preventive services can save lives and money.² With proper preventive care, health problems can often be identified earlier, managed more effectively, and treated before they develop into more complicated, costly, and debilitating illnesses. This is especially important for women on Medicaid, who face a range of health concerns: one-third (32%) of nonelderly women on Medicaid report fair or poor health, a far higher rate than 7% of women with private employer-sponsored coverage and 12% of uninsured women.³ Many women on Medicaid also contend with higher rates of obesity, heart disease, and depression than women with private coverage and women who are uninsured (Figure 1).

Despite long-standing recommendations for use of evidence-based preventive services for a range of health conditions, utilization of services is driven by a wide range of factors, with cost and coverage being key determinants.⁴ For example, women without insurance are most likely to forego health care because of cost barriers and even women with insurance are not immune to cost pressures. Women on Medicaid are low-income, and a substantial share reports that they have had to postpone care or make tradeoffs with other basic needs due to health care costs (Figure 2).

Recommendations for clinical preventive services are periodically issued by a number of groups, including the U.S. Preventive Services Task Force (USPSTF), a committee of scientists and clinicians convened by the federal Agency for Healthcare Research and Quality (AHRQ). This independent panel of experts conducts scientific evidence reviews of a broad range of clinical preventive health care services and develops recommendations for primary care clinicians and health systems. Another group, the Advisory Committee on Immunization Practices (ACIP), which operates as part of the Centers for Disease Control and Prevention (CDC), provides guidance



and recommendations for vaccine use to reduce the incidence of vaccine-preventable diseases and increase vaccine safety. USPSTF and ACIP recommendations are important since they are often adopted by payors such as Medicaid, Medicare, and private insurance in making coverage decisions and will be used in establishing coverage rules under the ACA.

Medicaid and Preventive Services for Women

The Medicaid program is a federal-state partnership, which means that each state operates its own program under broad federal guidelines and the costs of the services are shared by the federal and state governments. Federal law specifies the minimum requirements that all state Medicaid programs must meet. Within those guidelines, under current law, states establish specific income eligibility levels for coverage, the benefits that are covered, how much providers are paid, delivery system arrangements, and policies regarding cost sharing, including which beneficiaries can be charged for certain services. While states are permitted to charge cost sharing for most services to most beneficiaries, there are exceptions. States cannot charge cost-sharing for any services provided to children and pregnant women, or for family planning services. Of the women enrolled in Medicaid, almost six in ten (58%) have incomes below the Federal Poverty Level. For this population, even a modest cost sharing requirement can pose a barrier to recommended medical care.⁵

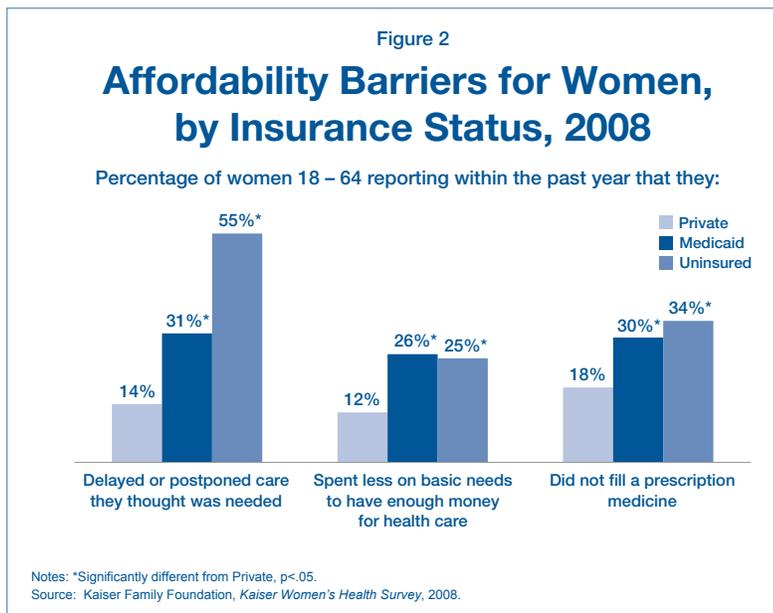
Federal Medicaid law distinguishes between “core” benefits that states must cover if they participate in Medicaid and “optional” benefits that states may cover and still qualify for federal matching payments. Core benefits for adults include a number of preventive services, such as family planning services, smoking cessation for pregnant women, and pre and postpartum care.⁶ However, most preventive services recommended for adults that are not pregnancy-related are “optional” benefits.

SURVEY FINDINGS – MEDICAID COVERAGE OF ADULT PREVENTIVE SERVICES

The ACA includes new incentives for state Medicaid programs to cover preventive services without cost sharing. In particular, the ACA provides a one percentage point increase in federal matching payments (FMAP) for state Medicaid programs that offer preventive services coverage without patient cost sharing for services rated “A” or “B” by the USPSTF and vaccines recommended by the ACIP, effective January 2013. Thus understanding what states do in this regard is important, yet such information has not been previously available. This survey provides baseline data on the status of Medicaid coverage of preventive services for adults across the states.

The Kaiser Family Foundation’s Commission on Medicaid and the Uninsured and Health Management Associates surveyed Medicaid officials in all 50 states and the District of Columbia as part of the 2010 update to the KCMU Medicaid Benefits Database. State Medicaid programs were asked to report on benefit coverage as of October 2010. Forty-eight states responded to the survey (Hawaii, Wisconsin and the District of Columbia did not respond). The brief focuses on those 24 services specific or of particular importance to women (listed in Appendix 1).

States were asked whether their Medicaid programs cover services for adults that were given an “A” or “B” grade (deemed with high certainty to have a substantial or moderate net benefit) by the USPSTF and vaccines recommended for adults by ACIP. If the benefits were covered, the states were asked whether they charge any cost sharing to enrollees. The USPSTF services include various screening tests, clinical interventions, patient-provider counseling, and address a wide range of issues such as cancer, chronic conditions, and reproductive health, including pregnancy. The vaccines recommended by ACIP prevent infectious diseases, such as measles, meningitis, and hepatitis.



KEY FINDINGS

The KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services finds that a handful of states already cover all of the recommended preventive services important to women without cost sharing but most do not.

- Nine states (Delaware, Minnesota, New Hampshire, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington) currently cover all 24 of the services specific or important to women without cost sharing.
- Several other states are very close to reaching this level of coverage. More than half of surveyed states (31) cover nearly all of the services important for women, but charge cost sharing for at least some of these services.
- Coverage for pregnancy-related services is fairly widespread, with 33 states covering all of the recommended services for pregnant women, who are already exempt from cost sharing under Medicaid.
- Across all categories of services, coverage for screening tests, such as mammograms and STI tests is more common than coverage for counseling services, such as genetic counseling for breast cancer, STI counseling, and breastfeeding counseling for pregnant women.
- There is more variation between the states in cost-sharing policies, but the majority of states do not charge cost-sharing for several of these services. However, some states — such as Alaska, California, and Oklahoma — cover all the recommended preventive services, but also have cost-sharing requirements for every service.
- Where there is cost-sharing, charges typically range from \$1.00 to \$4.00, and can vary by site of care or eligibility category, with sliding scales charged in some states.

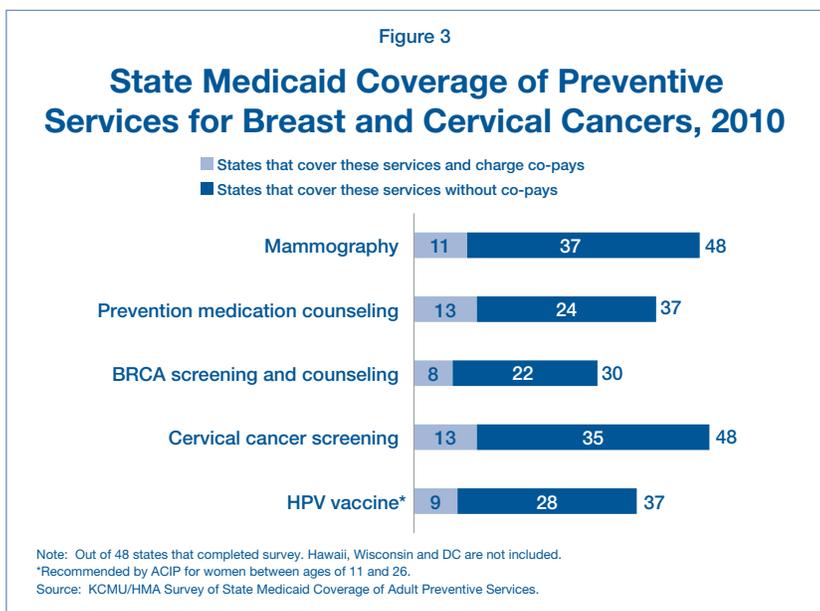
Breast and Cervical Cancers

Great strides in early detection and advances in treatment options have improved overall cancer survival rates⁷; however, cancer is still the second leading cause of death for women after heart disease.⁸ Breast cancer is the most commonly diagnosed cancer in women and causes the second most number of cancer deaths among women.⁹ Mammograms detect 80-90% of breast cancers in women without symptoms¹⁰, but many disparities in screening, diagnosis, and treatment persist. Breast cancer incidence rates are higher in White women compared to African American women; however, African American women are more likely to die from breast cancer at every age.¹¹

All of the surveyed states cover mammograms, but fewer states cover clinician counseling services for women who are at high risk for breast cancer (37 states) and about half (30 states) cover BRCA testing and counseling services for women who are at higher risk for this genetic mutation associated with breast cancer (Figure 3). Most states do not charge any cost-sharing for these services. Some states noted that Medicaid coverage of mammograms and cervical cancer screenings was at least in part provided through an optional eligibility pathway adopted by all states under the Breast and Cervical

Cancer Prevention and Treatment Act, which allows states to extend Medicaid coverage for cancer treatment to uninsured women diagnosed with breast or cervical cancer through a federal screening program.

Approximately 12,000 cases of cervical cancer and over 4,000 related deaths are expected in 2012.¹² The incidence and mortality rates of cervical cancer have decreased over time in the U.S., especially since the adoption of routine use of the pap test; however, the remaining cases are disproportionately concentrated among African American women.¹³ For young women, the HPV vaccine is especially important, as it protects against the strains of HPV responsible for more than 70% of cervical cancer cases. Since the



approval and recommendation of the vaccine for females in 2006, states have been required to cover it without cost-sharing for young women up to age 21 under the Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.¹⁴ Coverage for this relatively new vaccine for women over age 21 is not as universal across the states, with 37 states reporting that they cover it. All 48 states cover pap tests for cervical cancer screening. A majority of states, but not all, providing these services, offer them without cost sharing.

Chronic Conditions Predominately Affecting Women

The USPSTF recommends numerous services aimed at preventing chronic conditions. Several mental health conditions, particularly depression and anxiety, are more common among women than men. Nationally, one in four women (26%) has been diagnosed with depression or anxiety within the past 5 years, with higher rates among lower-income women (34%) compared to women with higher incomes (23%).¹⁵ Of the 48 surveyed states, 41 cover depression screening when supports are in place for recommended treatment and follow-up (Table 1).

Chronic Conditions Related Services	States that cover service (out of 48)	States charging cost sharing
Depression screening	41	13
Osteoporosis screening	45	13

Note: Out of 48 states that completed survey: Hawaii, Wisconsin, and D.C. are not included. States that charge cost-sharing typically charge between \$1.00 and \$4.00 for the service.
Source: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services.

Osteoporosis is a major health concern for more than half (55%) of adults over 50 years of age, with women four times as likely to be diagnosed with this condition.¹⁶ Fractures due to osteoporosis are a major health concern for elderly women and screening, education, and treatment can help prevent costly and debilitating fractures. Almost all states (45 states) cover osteoporosis screening for high-risk women, and 13 of these charge cost sharing.

Reproductive Health and Family Planning

Almost two-thirds (63%) of adult women on Medicaid are in their reproductive years, ages 19 to 44. Particularly important to women on Medicaid, family planning services and supplies are a federally-mandated benefit for beneficiaries of childbearing age; however, states decide the specific services to cover.¹⁷ States receive an enhanced FMAP of 90% for family planning services, giving states an incentive to cover a wide range of family planning services. In addition to the enhanced match, women on Medicaid are entitled to access family planning services without cost sharing through any willing provider, including providers outside of their managed care network.ⁱ

The USPSTF recommends a number of screening and preventive services for sexually active women and pregnant women. Women are more likely than men to contract chlamydia and gonorrhea, sexually transmitted infections (STIs).¹⁸ Chlamydia is the most common STI in the U.S., after HPV, and less than half of women ages 16-25 on Medicaid were screened in 2007.¹⁹ Although gonorrhea is less prevalent than chlamydia, both STIs can cause pelvic inflammatory disease and infertility, can increase the chance of being infected with HIV, and can result in adverse outcomes of pregnancy such birth defects and ectopic pregnancy.²⁰ Almost all of the surveyed states (47) cover screenings for STIs, but 13 of these states charge cost-sharing (Table 2). STI counseling, however, is covered to a lesser extent: 39 of the 48 states surveyed cover this service.

Reproductive Health Services	States that cover service (out of 48)	States charging cost sharing
Chlamydial infection screening	47	13
Gonorrhea screening	47	13
HIV screening	48	13
Syphilis screening	47	13
STI counseling	39	14

Note: Out of 48 states that completed survey: Hawaii, Wisconsin, and D.C. are not included. States that charge cost-sharing typically charge between \$1.00 and \$4.00 for the service.
Source: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services.

ⁱ Under federal rules, STI screenings and treatments must be free of cost-sharing if they are provided in the context of a family planning visit. If they are conducted as part of an ob/gyn visit or other care, cost-sharing may be charged.

Pregnancy-Related Services

Between 40% and 50% of all U.S. births are paid for by Medicaid, making it the single largest payor for maternity care.²¹ Services provided to pregnant women on Medicaid are exempt from cost-sharing according to federal Medicaid statute. This includes the wide range of preventive and screening services recommended for pregnant women.

The survey finds that there is fairly widespread coverage of preventive services for pregnant women (Table 3). Thirty-two of the surveyed states cover all recommended services for pregnant women. All surveyed states cover screenings for anemia, Rh factor, chlamydia, gonorrhea, Hepatitis B, and syphilis. Forty-one of the states surveyed cover folic acid supplements, which are recommended for prevention of neural tube defects in infants. Breastfeeding counseling and support had the lowest coverage, with only 39 states covering these services. Achieving a breastfeeding rate of 80% of infants nationally is a Healthy People 2020 goal²², as breastfeeding is proven to improve health outcomes and reduce an infant's risks of developing diseases.²³

Service Provided	Total states covering service (out of 48)
Breastfeeding counseling	39
Tobacco use counseling	45
Folic acid supplementation	41
Alcohol misuse counseling	45
Anemia screening	48
Bacteriuria screening	46
Rh incompatibility screening on first visit	48
Rh incompatibility screening at 24-28 weeks	48
Chlamydial infection screening	48
Gonorrhea screening	48
Hepatitis B screening	48
Syphilis screening	48
Note: Out of 48 states that completed survey: Hawaii, Wisconsin, and D.C. are not included.	
*Cost sharing is not permitted for pregnant women covered by Medicaid.	
Source: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services.	

LOOKING FORWARD: MEDICAID, ACA, AND PREVENTIVE SERVICES

The ACA makes important changes and improvements to coverage of preventive services for women with private insurance and provides incentives for states to strengthen their coverage of preventive services for adult Medicaid enrollees. The requirements for coverage of services, however, differ between private insurance and Medicaid.

Under the ACA, state Medicaid programs can receive a 1% increase in their FMAP if they cover recommended preventive services without imposing any cost-sharing on patients receiving these services, beginning January 1st, 2013.²⁴ It is important to note that although the ACA provides an incentive for Medicaid to cover these services without cost-sharing by offering a 1% enhanced federal match, it does not require providers to incorporate these services into routine care.

In addition to the Medicaid incentives for preventive care coverage, the ACA has new coverage requirements for private plans. The ACA requires new private insurance plans to cover all of the USPSTF recommended services with an A or B rating and the ACIP recommended vaccines without cost sharing as of September 23, 2010.²⁵ These are the same services that are included in the Medicaid preventive care incentive.

However, a notable difference between the new private plan requirements for coverage of preventive care and the Medicaid incentive is that the scope of preventive services offered by Medicaid could be narrower. This is because the new private plans must also cover a newly identified group of services specifically for women. These services were identified by a panel of experts convened by the IOM²⁶ and were adopted by the federal Health Resources and Services Administration to be included as preventive services for women covered by new plans starting August 1, 2012. Effective that date, new plans will be required to cover the following preventive services for women without cost-sharing: FDA approved contraceptives prescribed by a clinicianⁱⁱ, annual well-woman visits, broader testing for STIs and HIV, support for breast feeding including breast pump rental, gestational diabetes screening, and screening and counseling for domestic violence. While this slate of services is not explicitly included in the ACA provision for an increased FMAP under Medicaid, it is worth noting that state Medicaid programs are already required to cover family planning services without cost-sharing²⁷ and, as shown in this survey, coverage of STI screening is common among the states (although not always without cost sharing). Well-woman visits and screening and counseling for interpersonal violence are two new benefits, however, that may be lacking from most Medicaid plans and are not included in the increased FMAP incentive.

ⁱⁱ Some religious employers are exempt from the contraceptive coverage requirement.

Source: Regulations.gov, (2012), Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act.

In summary, today while only a handful of states are currently covering all the key preventive services for women without cost sharing, many states are close (Table 4). Most states already cover the majority of preventive services for women as recommended by USPSTF and ACIP, but may charge cost sharing for some of the services. For pregnant women, the vast majority of states already cover all of the USPTF recommended services, though breastfeeding counseling is the service with lowest coverage. Other states, however, will have to make further changes to increase the scope of preventive services provided and remove cost-sharing requirements by January 1st, 2013 to receive the enhanced federal match. Providing state Medicaid programs with an incentive to reimburse for preventive services, particularly counseling, may increase state interest in offering these services without cost-sharing which may in turn increase the inclusion of these recommended services into routine care. For women, who comprise the majority of the Medicaid population, state adoption of the enhanced federal match requirements could provide an important path to gain access to preventive care, potentially improving health and well-being of this very low-income group.

This brief was prepared by Adara Beamesderfer, Usha Ranji, and Alina Salganicoff of the Kaiser Family Foundation. Special thanks to Laura Snyder and Jhamirah Howard of the Kaiser Commission on Medicaid and the Uninsured, and Esther Reagan of Health Management Associates for their contributions to the development and fielding of the survey. For more information and data about state Medicaid programs' coverage of preventive services see the KCMU brief, *Coverage of Preventive Services for Adults in Medicaid*, and supplemental data tables from the 2010 Medicaid Benefits Database.

METHODOLOGY

The policies presented in this paper are from the KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services fielded in January 2011 by Health Management Associates and the Kaiser Commission on Medicaid and the Uninsured. The questionnaire asked states about their coverage and related cost-sharing for U.S. Preventive Services Task Force (USPSTF) recommended services for adults (those that received a Grade A or B) and immunizations for adults recommended by the Advisory Committee on Immunization Practices. This survey did not ask about coverage of preventive services for children or those over the age of 65 in Medicaid programs. This questionnaire was included with the verification forms sent to state Medicaid agencies for the 2010 update to the KCMU Medicaid Benefits Database and refer to coverage as of October 2010 in Medicaid fee-for-service programs only.

Coverage. The questionnaire asked if the state Medicaid program covered the service. Many states responded back with clarifications regarding differential coverage status based on medically necessity or whether the service was covered as part of an office visit, as a distinct service, or as a distinct billing code. For purposes of this report, states reporting this information were counted as covering these services. However, if the state reported covering the service for a more limited population group than was asked (e.g. the state reported coverage of HPV vaccines for those under age 18 when asked about coverage for those ages 26 and under), they were not counted as covering the service.

Cost-sharing. This questionnaire asked states to report if cost-sharing applied to each of the services. Some states reported that while the specific service (such as an immunization) was not subject to cost-sharing, the related office visit would have been. For the purposes of this report, cost-sharing for office visits was included in the counts of states reporting cost-sharing for these services, even if the specific service itself was not subject to cost-sharing. Other states noted that the application of cost-sharing depends on where the services were provided (e.g. there may have been no cost-sharing for services received as part of a physician visit in a private office, but the same services received at a Federally-Qualified Health Center (FQHC) or a Rural Health Center may have been subject to cost-sharing). For purposes of this report, states that reported no cost-sharing for physician visits/services were counted as not charging cost-sharing, even if cost-sharing would have applied if the services were rendered at another location, such as an FQHC.

Table 4: Medicaid Coverage of Selected Preventive Services for Adult Women, by Category of Service, 2010

State	Cancer (of 5 services)	Chronic Conditions (of 2 services)	Reproductive Health (of 5 services)	Pregnancy (of 12 services)	TOTAL (of 24 services)	Cost sharing for 1 or more service?
Alabama	3	1	4	11	19	Yes
Alaska	4	2	5	12	23	Yes
Arizona	4	1	5	11	21	Yes
Arkansas	4	2	5	12	23	No
California	5	2	5	12	24	Yes
Colorado	4	1	5	10	20	Yes
Connecticut	5	2	5	11	23	No
Delaware	5	2	5	12	24	No
D.C.	N/A	N/A	N/A	N/A	N/A	N/A
Florida	2	2	5	12	21	Yes
Georgia	4	0	5	12	21	Yes
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A
Idaho	5	1	4	12	22	No
Illinois	4	2	5	12	23	Yes
Indiana	4	2	5	12	23	No
Iowa	5	2	4	10	21	No
Kansas	5	2	5	12	24	Yes
Kentucky	5	2	5	11	23	No
Louisiana	3	1	4	9	17	No
Maine	3	2	5	11	21	No
Maryland	5	2	5	12	24	Yes
Massachusetts	5	2	5	12	24	Yes
Michigan	5	2	4	12	23	No
Minnesota	5	2	5	12	24	No
Mississippi	3	2	5	12	22	Yes
Missouri	4	2	5	12	23	Yes
Montana	4	2	5	12	23	Yes
Nebraska	2	1	4	10	17	No
Nevada	4	2	5	12	23	No
New Hampshire	5	2	5	12	24	No
New Jersey	5	2	5	12	24	No
New Mexico	5	2	5	12	24	No
New York	5	2	5	12	24	Yes
North Carolina	3	2	5	10	20	Yes
North Dakota	3	2	1	11	17	Yes
Ohio	3	2	5	12	22	No
Oklahoma	5	2	5	12	24	Yes
Oregon	5	2	5	12	24	No
Pennsylvania	5	2	5	12	24	Yes
Rhode Island	5	2	5	12	24	No
South Carolina	4	2	5	12	23	Yes
South Dakota	3	2	4	10	19	No
Tennessee	5	2	5	11	23	No
Texas	4	2	5	12	23	No
Utah	3	1	5	12	21	Yes
Vermont	5	2	5	12	24	No
Virginia	5	2	5	11	23	Yes
Washington	5	2	5	12	24	No
West Virginia	5	2	5	12	24	Yes
Wisconsin	N/A	N/A	N/A	N/A	N/A	N/A
Wyoming	3	1	4	9	17	Yes

Note: Out of 48 states that completed survey: Hawaii, Wisconsin, and D.C. are not included. States that charge cost-sharing typically charge between \$1.00 and \$4.00 for the service. N/A- data not available.

Source: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services.

Appendix 1: Selected Preventive Services of Importance to Women

Preventive Service	Service Description
Breast and Cervical Cancers	
Breast cancer preventive medication counseling	Clinicians discuss chemoprevention with women at high risk for breast cancer and low risk for adverse effects of chemoprevention.
Breast cancer mammography*	For women aged 40 and older, with or without clinical breast exam, every 1-2 years.
BRCA screening and counseling	Genetic counseling and evaluation for BRCA testing for women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes.
Cervical cancer screening	For women who have been sexually active and have a cervix.
Human Papilloma Virus (HPV) vaccine	3 doses for females age 26 and under.
Chronic Conditions	
Depression screening	Staff-assisted supports to assure accurate diagnosis, effective treatment and follow-up.
Osteoporosis screening	Routine screening for women aged 65+, age 60 for women at increased risk of such fractures.
Reproductive Health and Family Planning	
Chlamydial infection screening	For sexually active women age 24 and younger and older women who are at increased risk.
Gonorrhea screening	For all sexually active women, if they are at increased risk.
HIV screening	For all adolescents and adults at increased risk for HIV infection.
Syphilis screening	For those at increased risk.
STI counseling	High-intensity behavioral counseling to prevent STIs for all sexually-active adolescents and adults at risk.
Pregnancy	
Chlamydial infection screening	For all pregnant women age 24 and under and for older pregnant women at increased risk.
Gonorrhea screening	For all sexually active women if they are at increased risk.
Hepatitis B screening	For pregnant women at their first prenatal visit.
Syphilis screening	For all pregnant women.
Alcohol misuse counseling	Screening and behavioral counseling interventions to reduce misuse in primary care settings.
Anemia screening	For iron deficiency anemia in asymptomatic pregnant women.
Bacteriuria screening	For asymptomatic bacteriuria with urine culture at 12 to 16 weeks' gestation.
Breastfeeding counseling	Interventions during pregnancy and after birth to promote and support breastfeeding.
Folic acid supplementation	A daily supplement of 0.4 to 0.8 mg of folic acid for women planning or capable of pregnancy.
Rh incompatibility screening at first visit	Rh (D) blood typing and antibody testing for all pregnant women during first pregnancy-related visit.
Rh incompatibility screening at 24-28 weeks	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
Tobacco use counseling	Ask about tobacco use and provide augmented, pregnancy-tailored counseling.

NOTES: *HHS utilizes the 2002 recommendation on breast cancer screening. This questionnaire was developed based on USPSTF ACA listing and the 2010 adult Advisory Committee on Immunization Practices recommendations: www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm; www.cdc.gov/mmwr/preview/mmwrhtml/mm5901a5.htm.

SOURCE: KCMU/HMA Questionnaire on Medicaid Adult Preventive Services, Medicaid Benefits Database, October 2010.

ENDNOTES

- ¹ This data was collected as part of an update to the Medicaid Benefits Database maintained by the Kaiser Commission on Medicaid and the Uninsured (KCMU).
- ² Maciosek, M. V. (2010). Greater Use of Preventive Services In U.S. Health Care Could Save Lives At Little Or No Cost. *Health Affairs* 29(9), 1656-660.
- ³ KFF analysis of Urban Institute estimates from March 2011 ASEC supplement, U.S. Census Bureau.
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- ⁹ American Cancer Society. (2012). Cancer Facts & Figures 2012.
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- ¹³ Ibid.
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- ¹⁸ Ibid.
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- ²¹ KFF. (2012). Medicaid's Role for Women Across the Lifespan: Current Issues and the Impact of the Affordable Care Act.
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- ²⁵ ACA, Sec. 2713
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